

# **Exhibit 21**



EDUCATIONAL COMMISSION for FOREIGN MEDICAL GRADUATES

3624 MARKET STREET, PHILADELPHIA, PENNSYLVANIA 19104-2685, U.S.A.

TELEPHONE: 215-386-5900 • CABLE: EDCOUNCIL, PHA.

December 7, 1995

COPY

Mr. Kenneth Cotton  
USMLE Secretariat  
3750 Market Street  
Philadelphia, PA 19104-3190

Re: Dr. Igberase Oluwafemi Charles  
USMLE/ECFMG Identification No.  
0-482-700-2

Dear Mr. Cotton:

On November 27, 1995, the ECFMG Committee on Medical Education Credentials reviewed the matter with respect to Dr. Charles's admission that he falsified an application form submitted to ECFMG in order to retake an examination he had already taken and passed.

Dr. Charles initially submitted an application form to ECFMG in April 1992 in order to take the July 1992 FMGEMS and the ECFMG English test. At that time, he used the name "Oluwafemi Charles Igberase" and certified that his date of birth was April 17, 1962. He was assigned identification number 0-482-700-2.

In addition to FMGEMS, and also using identification number 0-482-700-2, Dr. Charles applied for and took the September 1992 and September 1993 administrations of Step 1, failing the September 1992 examination, but passing the examination held in September 1993.

The applicant met the medical science, English test and medical education credential requirements for ECFMG Certification and was issued Standard ECFMG Certificate No. 0-482-700-2 in October 1993.

In March 1994, Dr. Charles again submitted an application form to ECFMG, applying for admission to ECFMG's administrations of the September 1994 Step 1, August/September 1994 Step 2 and September 1994 ECFMG English test. However, on the application, he responded "No" to the question "Have you previously submitted an application to ECFMG to take one or more of the examinations administered by ECFMG." He also stated his name as "Igberase Oluwafemi Charles" and date of birth as April 17, 1961.

Since the name on the application was altered and the year of birth changed, ECFMG's search of its database at that time did not show that he had previously applied and been assigned an ECFMG Identification number. He was then assigned number 0-



ECFMG-000074

ECFMG\_RUSS\_000074

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519-573-0. He took and passed the August 1994 Step 2 and the September 1994 ECFMG English test and September 1994 Step 1. His medical education credentials were again verified with his medical school and he was issued Standard ECFMG Certificate 0-519-573-0.

When he applied to ECFMG, Dr. Charles certified on his application form that, among other items, "falsification of this application" and "engaging in ...conduct that subverts or attempts to subvert the examination process, may be sufficient cause for ECFMG to ...invalidate the results of my examination ...to revoke a certificate, or to take other appropriate action."

In addition, the policies regarding taking Step 1 and Step 2 of the USMLE as outlined in the ECFMG Information Booklet, which he certified he had read and understood, include the statement "If one Step is passed, applicants may not repeat that Step and will have seven years to pass the other Step." The applicant, however, took and passed Step 1 in September 1993 and, due to the falsified application form, took it again in September 1994.

After this matter was discovered by ECFMG, on June 22, 1995, ECFMG wrote to Dr. Charles to request an explanation for his actions. In response, he sent ECFMG a letter, dated July 14, 1995, in which he stated he wished to retake the examinations in order to improve his scores and be more competitive in his applications for residency programs. Consequently, he "lied" but, he states, did not deliberately change his date of birth and that he thought the date given initially had been the incorrect one in his school files. In addition, depending on the documents he has, the order of his names varies.

The examinations, dates and scores for examinations taken are as follows:

**ECFMG #0-482-700-2**

**ECFMG #0-519-573-0**

DATE	EXAM	SCORE	DATE	EXAM	SCORE
July 1992	Day 1 FMGEMS	69 (Fail)			
	Day 2 FMGEMS	72 (Fail)			
	English test	Pass			
Sept. 1992	Step 1	70 (Fail)			
Jan. 1993	Day 1 FMGEMS	74 (Fail)			
	Day 2 FMGEMS	75 (Pass)			
	English test	Pass			
July 1993	Day 1 FMGEMS	76 (Pass)			
Sept. 1993	Step 1	76 (Pass)			
			Aug. 1994	Step 2	76 (Pass)
			Sept. 1994	Step 1	78 (Pass)
			Sept. 1994	English test	Pass

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After its review at the November 27, 1995 meeting, the ECFMG Committee on Medical Education Credentials took the following actions:

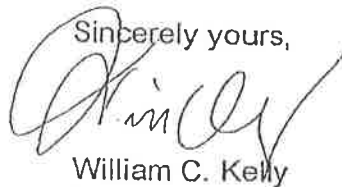
- Invalidate the Standard ECFMG Certificate issued to Dr. Charles under the second identification number 0-519-573-0;
- Inform the United States Medical Licensing Examination (USMLE) Committee on Irregular Behavior of this matter for its information and possible action; and
- Revoke the Standard ECFMG Certificate issued to Dr. Charles under the first identification number 0-482-700-2.

For information, I am enclosing copies of the following items:

1. Application to ECFMG received April 6, 1992.
2. Application to ECFMG received March 30, 1994.
3. ECFMG letter to Dr. Charles dated June 22, 1995.
4. Dr. Charles' July 14, 1995 letter to ECFMG.
5. ECFMG letter to Dr. Charles dated December 7, 1995.

Please inform Marie L. Shafron or me of the disposition of this matter. If you need additional information, please let me know.

Sincerely yours,



William C. Kelly  
Manager, Medical Education  
Credential Processing

/wck  
Enclosures





## PART B

<b>(8) SECONDARY SCHOOL COLLEGE/ UNIVERSITY:</b>	<b>Schools Attended</b> IMMACULATE CONCEPTION COLLEGE		<b>Location (exact address)</b> BENIN CITY NIGERIA	<b>Dates Attended (month and year)</b> JUNE 1974 SEPT 1979	<b>No. School Years</b> 5												
<b>(9) MEDICAL SCHOOL:</b> Use precise name and list all schools attended 690-010	<b>Schools Attended</b> UNIVERSITY OF IBADAN COLLEGE OF MEDICINE		<b>Location (exact address)</b> IBADAN NIGERIA	<b>Dates Attended (month and year)</b> JUNE 1982 JUNE 1987	<b>No. School Years</b> 5												
<b>(9.1) CLINICAL CLERKSHIPS:</b> Refers to that period of medical education in the clinical disciplines during which as a medical student you gained practical experience in hospitals or clinics.  List clerkships (rotations, pre-graduate internships) for each clinical discipline.	<b>Clinical Discipline</b> MEDICINE SURGERY PAEDIATRICS OBSTETRICS Gynaecology	<b>Hospital/Clinic</b> SPECIALIST HOSPITAL BENIN CITY	<b>Location (exact address)</b> NIGERIA	<b>Supervising Physician</b> DR OJIWUKA MR IDIAKHOA DR ASEMOJA DR OJIEGBA	<b>Dates of Clerkship</b> MAR 1988 - JUNE 1988 SEPT 1988 - DEC 1988 DEC 1987 - MAR 1988 JUNE 1988 - SEPT 1988												
If additional lines are necessary use the reverse side of Part C.																	
<b>(9.2) MEDICAL DEGREE:</b> Conferred or Expected	Title of Degree <u>MBBS</u> Date Conferred /Expected: <u>1987</u>																
<b>(10) MEDICAL LICENSURE:</b> Present or Future	Date you received (or expect to receive) an unrestricted license or certificate of full registration to practice medicine: <u>YES</u> Country or state in which you are licensed: <u>NIGERIA</u>																
<b>(11) HOSPITAL TRAINING:</b> Residency or fellowship	<table border="1"> <thead> <tr> <th>Hospitals</th> <th>Position(s)</th> <th>Dates</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>					Hospitals	Position(s)	Dates									
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<b>(12) BIRTHDATE/ BIRTHPLACE:</b>	Day/Month/Year: <u>17-4-62</u> Location: <u>ILE-IFE, OSHUN, NIGERIA</u>																
<b>(13) SEX:</b>	Please check one: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female																
<b>(15) CITIZENSHIP:</b>	(Complete all three) A. AT BIRTH <input type="checkbox"/> USA <input type="checkbox"/> Other <input type="checkbox"/> (Specify) <u>NIGERIAN 056</u> B. UPON ENTERING MEDICAL SCHOOL <input type="checkbox"/> USA <input type="checkbox"/> Other <input type="checkbox"/> (Specify) <u>NIGERIAN</u> C. NOW <input type="checkbox"/> USA <input type="checkbox"/> Other <input type="checkbox"/> (Specify) <u>NIGERIAN</u>																
<b>(14) NATIVE LANGUAGE:</b>	<u>YORUBA</u>																

**PART C**

Students and graduates must sign the application in the presence of their Medical School Dean, Medical School Vice Dean, or Medical School Registrar. (See A below.)

If a graduate cannot sign the application form in the presence of a medical school official noted above, he/she must sign the application form in the presence of a Consular Official, First Class Magistrate or Notary Public (See B below) and must explain in writing why the application form could not be signed in the presence of a medical school official. (See B.1 below.)

Application forms are to be mailed to ECFMG from the office of the official or notary who witnesses the applicant's signature.

All information on the application form is subject to verification and acceptance by the Educational Commission for Foreign Medical Graduates.



Seal, stamp or signature of official must cover a portion of the attached photograph.

**(16) CERTIFICATION BY APPLICANT**

I hereby certify that the information given in this application is true and accurate to the best of my knowledge, and that the photographs enclosed are recent photographs of me.

I also certify and acknowledge that I have received the current edition of the ECFMG Information Booklet for FMGEMS and am aware of its contents.

I understand that (1) falsification of this application, or (2) the submission of any falsified educational documents to ECFMG, or (3) the submission of any falsified ECFMG documents to other agencies, or (4) the giving or receiving of aid in the examination as evidenced either by observation at the time of the examination or by statistical analysis of my answers and those of one or more other participants in that examination, or engaging in other conduct that subverts or attempts to subvert the examination process, may be sufficient cause for ECFMG to bar me from the examination, to terminate my participation in the examination, to withhold and/or invalidate the results of my examination, to withhold a certificate, to revoke a certificate, or to take other appropriate action.

I understand that the ECFMG certificate and any and all copies thereof remain the property of ECFMG and must be returned to ECFMG if ECFMG determines that the holder of the Certificate was not eligible to receive it or that it was otherwise issued in error.

I hereby authorize the Educational Commission for Foreign Medical Graduates to transmit any information contained in this application, or information that may otherwise become available to ECFMG, to any Federal, State, or local governmental department or agency, to any hospital or to any other organization or individual who, in the judgment of ECFMG, has a legitimate interest in such information.

(Must be completed in English)

Signature of Applicant X [Signature]  
(in Latin Characters)

**(16.1) CERTIFICATION BY MEDICAL SCHOOL OFFICIAL**

A. I hereby certify that the photograph, signature, and information entered on this form accurately apply to the individual named above.

X [Signature]  
Signature of Medical School Official

OR

NOTARIZATION WITH EXPLANATION (Pertains to graduates only)

Official Title \_\_\_\_\_ Date \_\_\_\_\_ Institution \_\_\_\_\_  
B. Subscribed and sworn to before me this 31 day of March, 19 92  
[Signature] [Signature]  
Signature of Consular Official, First Class Magistrate, Notary Public Official Title

B.1 Explain below why the application form could not be signed in the presence of your medical school dean, vice dean or registrar. Any explanation must be acceptable to ECFMG and must be provided each time you submit an application to ECFMG.

RECEIVED

APR -6 1992

ECFMG

(17) Have you ever been denied licensure or authority to practice medicine by any medical licensing or registering authority, or has any such license or authority to practice medicine ever been suspended or revoked?

☐ Yes ☐ No

If the answer to this question is "Yes," please explain fully on a separate sheet of paper, giving details such as date, location, charge, and action taken; and provide any supporting documents.

NOTARY PUBLIC STATE OF MARYLAND  
My Commission Expires September 2, 1994

482-700

TO BE USED AS CONTINUATION OF SECTION 9.1 IN PART B

{ W }

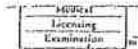
1/14/22

ECFMG-000158

ECFMG\_RUSS\_0000158



PLEASE DO NOT DETACH



## STEP 1 AND/OR STEP 2 EXAMINATIONS

ADMINISTERED TO STUDENTS/GRADUATES OF FOREIGN MEDICAL SCHOOLS  
THE EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES, 3624 MARKET STREET, PHILADELPHIA  
PHONE: 215 386-5900 CABLE: EDCOUNCIL, PHA

## PART A

NOTE: All items on all sides of the application must be filled out completely for initial and repeat examination  
Use typewriter or block print in ink.



① ECFMG EXAMINATION HISTORY:	Have you previously submitted an application to ECFMG to take one or more of the examinations administered by ECFMG? <input type="checkbox"/> Yes If yes, place your USMLE Identification Number (ECFMG Applicant Number) in this box:	
② NAME: Print your name as you want it to appear on the Standard ECFMG Certificate and on your official USMLE record	<div>IGBERASE</div> <div>OLUWA FEMI</div> <div>CHARLES</div> <div></div> <div></div>	
②.1 If you have previously applied to ECFMG under another name, provide that name	<div>N/A</div> <div></div>	
③ ADDRESS: Use address to which admission permit and other notification from ECFMG should be sent	<div></div> <div>1653</div> <div>HYATTSVILLE</div> <div>MD</div> <div>20788</div>	
④ U. S. SOCIAL SECURITY AND/OR CANADIAN SOCIAL INSURANCE NUMBERS:	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	
⑤ REGISTRATION: Check <input checked="" type="checkbox"/> box(es) of selected examinations	<div>Step 1</div> <div>June 8 - 9, 1994 <input type="checkbox"/> or September 22 - 23, 1994 <input checked="" type="checkbox"/></div> <div>Step 2</div> <div>March 30 - 31, 1994 <input type="checkbox"/> or August 31 - September 1, 1994 <input checked="" type="checkbox"/></div> <div>ECFMG English Test</div> <div>March 31, 1994 <input type="checkbox"/> or September 1, 1994 <input checked="" type="checkbox"/></div>	
⑤.1 TEST CENTER: Select three ECFMG centers for each Step and/or ECFMG English Test. See the Information Booklet in which this application was enclosed for a list of ECFMG centers	<div>If your center selections are not available, ECFMG reserves the right to assign a center.</div> <div>Step 1: (1) Richmond 182 (2) Baltimore 300 (3) _____</div> <div>Step 2 and/or ECFMG English Test: (1) Richmond 182 (2) Baltimore 300 (3) _____</div>	
⑥ EXAMINATION FEE(S): Enter the amount enclosed on the line provided	<div>Fees must be paid in United States funds. Checks, bank drafts or money orders are to be made payable to the ECFMG. Do not send cash.</div> <div>Step 1 Basic Medical Science Examination \$400</div> <div>Step 2 Clinical Science Examination \$400</div> <div>ECFMG English Test \$30</div> <div>Enter amount enclosed \$ _____</div>	
⑦ HANDEDNESS:	<div><input checked="" type="checkbox"/> Right Handed <input type="checkbox"/> Left Handed</div>	



APPLICATION FORM 104S, August, 1993  
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FOR OFFICE USE ONLY

E. J. P. S. J.

ECFMG-000151

ECFMG\_RUSS\_0000151

## PART B

<b>⑧ SECONDARY SCHOOL COLLEGE/ UNIVERSITY:</b>	Schools Attended <u>Immaculate Conception College</u>	Location (exact address) <u>Benin City Nigeria</u>	Dates Attended From MO. YR. To MO. YR. <u>06 74 06 79 25</u>	No. School Years																							
<b>⑨ MEDICAL SCHOOL:</b> Use precise name and list all schools attended <u>690-010</u>	Schools Attended <u>University of Ibadan</u>	Location (exact address) <u>Ibadan Nigeria</u>	Dates Attended From MO. YR. To MO. YR. <u>06 82 06 87 25</u>	No. School Years																							
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<b>⑨.2 MEDICAL DEGREE:</b> Conferred or Expected	Title of Degree <u>MBBS</u> Date Conferred/Expected: <u>06 87</u> * If the degree has been conferred, a photocopy should be sent to ECFMG. See Medical Education Credentials Section of the ECFMG Information Booklet.																										
<b>⑩ MEDICAL LICENSURE:</b> Present or Future	Date you received (or expect to receive) an unrestricted license or certificate of full registration to practice medicine: <u>1988</u> Country or state in which you are licensed: <u>NIGERIA</u> * If the license has been issued, a photocopy should be sent to ECFMG. See Medical Education Credentials Section of the ECFMG Information Booklet.																										
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<b>⑬ BIRTHDATE/ BIRTHPLACE:</b>	Day <u>07</u> Month <u>04</u> Year <u>61</u> Location: <u>ILE IFE OYO NIGERIA</u> City, Province, Country																										
<b>⑭ GENDER:</b>	Please check one: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female																										
<b>⑮ NATIVE LANGUAGE:</b>	<u>YORUBA</u>																										
<b>⑯ CITIZENSHIP:</b>	(Complete all three) A. AT BIRTH USA <input type="checkbox"/> Other <input checked="" type="checkbox"/> (Specify) <u>NIGERIAN</u> B. UPON ENTERING MEDICAL SCHOOL USA <input type="checkbox"/> Other <input checked="" type="checkbox"/> (Specify) <u>NIGERIAN</u> C. NOW USA <input type="checkbox"/> Other <input checked="" type="checkbox"/> (Specify) <u>NIGERIAN</u>																										
<b>⑰ OTHER EXAMINATION HISTORY AND APPLICANT NUMBERS:</b> Indicate the organizations to which you may have applied previously; enter the date of the most recent examination that was administered to you by that organization as	<table border="1"> <thead> <tr> <th>ORGANIZATION</th> <th>DATE OF MOST RECENT EXAMINATION TAKEN</th> <th>APPLICANT IDENTIFICATION NUMBER</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> NATIONAL BOARD OF MEDICAL EXAMINERS</td> <td>MO. YR.</td> <td></td> </tr> <tr> <td><input type="checkbox"/> STATE LICENSING AUTHORITY IN THE UNITED STATES</td> <td>MO. YR.</td> <td></td> </tr> </tbody> </table>				ORGANIZATION	DATE OF MOST RECENT EXAMINATION TAKEN	APPLICANT IDENTIFICATION NUMBER	<input type="checkbox"/> NATIONAL BOARD OF MEDICAL EXAMINERS	MO. YR.		<input type="checkbox"/> STATE LICENSING AUTHORITY IN THE UNITED STATES	MO. YR.															
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Students and graduates must sign the application in the presence of their medical School Dean, Medical School Vice Dean, or Medical School Registrar. (See A below.)

If a graduate cannot sign the application form in the presence of a medical school official noted above, he/she must sign the application form in the presence of a Consular Official, First Class Magistrate or Notary Public (See B below) and must explain in writing why the application form could not be signed in the presence of a medical school official (See B 1 below).





**NUMBERS:**  
Indicate the organizations to which you may have applied previously; enter the date of the most recent examination that was administered to you by that organization as

MO.

YR.

☐ STATE LICENSING AUTHORITY  
IN THE UNITED STATES

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Application forms are to be mailed to ECFMG from the office of the official or notary who witnesses the applicant's signature.

All information on the application form is subject to verification and acceptance by the Educational Commission for Foreign Medical Graduates.



Seal, stamp or signature of official must cover a portion of the attached photograph.

**18) CERTIFICATION BY APPLICANT**

(Must be completed in English)

I hereby certify that the information in this application is true and accurate to the best of my knowledge and that the photographs enclosed are recent photographs of me.

I also certify and acknowledge that I have received the current edition of the Information Booklet on USMLE Step 1 and Step 2 examinations and ECFMG Certification, am aware of its contents and meet the eligibility requirements set therein.

I understand that (1) falsification of this application, or (2) the submission of any falsified educational documents to ECFMG, or (3) the submission of any falsified ECFMG documents to other agencies, or (4) the giving or receiving of aid in the examination as evidenced either by observation at the time of the examination or by statistical analysis of my answers and those of one or more other participants in that examination, or engaging in other conduct that subverts or attempts to subvert the examination process, may be sufficient cause for ECFMG to bar me from the examination, to terminate my participation in the examination, to withhold and/or invalidate the results of my examination, to withhold a certificate, to revoke a certificate, or to take other appropriate action.

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Signature of Applicant  
(In Latin Characters)

*x Charles Igberare Obifemi*

Date *03/26/94*

A. I hereby certify that the photograph, signature, and information entered on Section 9 of this form accurately apply to the individual named above.

X

Signature of Medical School Official

Official Title

Date

Institution

B. Subscribed and sworn to before me this *26th* day of *March*, 19 *94*

X *Jack L. Katz*

**JACK L. KATZ**  
NOTARY PUBLIC STATE OF MARYLAND  
My Commission Expires June 1, 1997

B.1 Explain in the space below why the application form could not be signed in the presence of your medical school dean, vice dean or registrar. Any explanation must be acceptable to ECFMG and must be provided each time you submit an application to ECFMG.

*Due to the fact that I reside in the United States as at time of filing this application*

3191573

FOR OFFICE USE ONLY	
FORM	DATE
S.A.	
I.D.	
338	
339	
325	<input checked="" type="checkbox"/>

19) Have you ever been denied licensure or authority to practice medicine by any medical licensing or registering authority, or has any such license or authority to practice medicine ever been suspended or revoked?

☐ Yes

☒ No

If the answer to this question is "Yes," please explain fully on a separate sheet of paper, giving details such as date, location, charge, and action taken; and provide any supporting documents.

20) Provision of the following information is voluntary. The information will be used for research purposes only. You are encouraged to provide the information; however, the processing of your application will not be affected if you choose to leave item 20 blank.

Select the one which best describes your racial/ethnic background.

1 ☐ American Indian/  
Alaskan Native

2 ☐ Asian  
Pacific Islander

3 ☐ Hispanic

4 ☒ Black (not of  
Hispanic Origin)

5 ☐ White (not of  
Hispanic Origin)

6 ☐ Other

ECFMG-000153

ECFMG\_RUSS\_0000153

## For Continuation of §.1 Clinical Clerkships

Officer Identification	Hospital/Clinic	Location (State, address)	Supervising Physician	Dates of Clerkship





EDUCATIONAL COMMISSION for FOREIGN MEDICAL GRADUATES

3624 MARKET STREET, PHILADELPHIA, PENNSYLVANIA 19104-2685, U.S.A.

TELEPHONE: 215-386-5900 • CABLE: EDCOUNCIL, PHA.

June 22, 1995

Dr. Charles Olufemi Igberase  
P.O. Box 1653  
Hyattsville, MD 20788

USMLE/ECFMG Identification No.  
0-482-700-2

COPY

Dear Doctor:

When you applied for admission to ECFMG's administrations of the September 1994 Step 1, August/September 1994 Step 2 and September 1994 ECFMG English test, you responded "No" to the question "Have you previously submitted an application to ECFMG to take one or more of the examinations administered by ECFMG." You also stated your name as "Igberase Oluwafemi Charles" and your date of birth as April 17, 1961. You certified that this information, as well as the other information on your application "is true and accurate to the best of my knowledge ..." and you swore to this in the presence of a Notary Public.

You were assigned USMLE/ECFMG Identification Number 0-519-573-0 and took the Step 1, Step 2 and ECFMG English test. You submitted copies of your medical education credentials, which were verified by ECFMG with an official of your medical school. A Standard ECFMG Certificate was subsequently issued to you under the name Igberase Oluwafemi Charles with the number 0-519-573-0.

A check of ECFMG records shows that, despite what you certified to on the application referred to above, you had applied for and taken examinations administered by ECFMG prior to your application for the 1994 examinations. You first applied to ECFMG for the July 1992 administration of FMGEMS and the ECFMG English test under the name "Oluwafemi Charles Igberase" and certified that your date of birth was April 17, 1962. You failed both the basic medical science (Day 1) and clinical science (Day 2) components of the July 1992 FMGEMS and passed the ECFMG English test.

You subsequently applied for and took the January 1993 administration of FMGEMS and the ECFMG English test, failing Day 1, but passing Day 2 and the English test. You then applied for and took the July 1993 administration of Day 1 of FMGEMS which you passed. Since, at that time, you had also met the medical education credential requirements for ECFMG certification, you were issued Standard ECFMG Certificate Number 0-482-700-2.

You also applied for and took the September 1992 and September 1993 administrations of Step 1, failing the September 1992 examination, but passing the examination held in September 1993.

Dr. Igberase Oluwafemi Charles  
June 22, 1995  
Page 2

When you applied to ECFMG, you certified on your application form that, among other items, "falsification of this application" and "engaging in ...conduct that subverts or attempts to subvert the examination process, may be sufficient cause for ECFMG to ...invalidate the results of my examination ...to revoke a certificate, or to take other appropriate action."

In addition, the policies regarding taking Step 1 and Step 2 of the USMLE as outlined in the ECFMG Information Booklet, which you certified you had read and understood, include the statement "If one Step is passed, applicants may not repeat that Step and will have seven years to pass the other Step." You, however, took and passed Step 1 in September 1993 and again in September 1994.

ECFMG is conducting an investigation of this matter. You must write to ECFMG immediately to explain why you certified on your application form that you had not previously applied for an ECFMG examination when, in fact you had, and also to explain why you repeated Step 1 when the policy states applicants who pass the Step may not repeat it. Your letter must be received by ECFMG within 15 days of your receipt of this letter.

Your explanation, together with the documents in your file, will be reviewed by the ECFMG Committee on Medical Education Credentials at a future meeting. After its review, the Committee will make a recommendation to the ECFMG Board of Trustees.

Your response must be sent to the following special address:

ECFMG  
P.O. Box 13467  
Philadelphia, PA 19101-3467

Sincerely yours,

William C. Kelly  
Manager, Medical Education  
Credential Processing

/wck

Page one  
**RECEIVED**  
CREDENTIALS DEPT

JUL 20 1995

USMLE / ECFMG # 0-482-700-2

**ECFMG**

July 14<sup>th</sup> 1995

P.O. Box 1653

Hyattsville md 20788

Mr William C. Kelly  
Manager, Medical Education  
Credential Processing  
ECFMG

Dear Sir

I hereby with the following explanations explain the reasons for my repeating the ECFMG examinations.

When I came into the US, I was very hard up financially, no good books and I was very emotionally troubled.

It was at this same period I was attempting the ECFMG examinations.

I had a very difficult time passing these tests as you can see in my records.

I finally managed to pass, but of all the over 150 residency applications that I sent to various institutions no Hospital considered my results and the number of attempts competitive enough.

I tried again one year later and it

Page two

Came down to the same result.

This again gave me a lot of depression especially since my family were still in Nigeria and I had no means of looking after them.

As a result of these, I explained to my friends who felt I should take the tests over again to improve on my scores despite my difficult position.

They suggested that since I had already been issued one ECFMG Certificate, I could not possibly use that same number again to sit for new tests.

For this reasons, I LIED that I had not taken the test before when I was filling out the forms.

I did not deliberately change my date of birth (DOB) on the forms.

The initial mistake was made by my school when they recorded my DOB as 04 17 61.

I wrote a letter to inform them about the mistake and that my actual DOB was 04 17 62.

As at the time I was filling out



Page three

the latest form, I had not received back from my school a reply for the change.

I did not realise at this time that the previous form I filled had my corrected DOB on it. So, I used my DOB that was in my school file since I had not received a change from my school.

I attached here-with a photocopy of my Birth Certificate.

I am willing to pay for the verification of the 04/17/61 DOB with my school and the fact that I have written a letter to them for a change/correction at the same period that I filled out the first ECFMG application forms.

As for the arrangement of my name. This is an ongoing feud among the family members.

It usually depended on who registers me for what examinations - my father, my mother or my uncle.

This accounts for the variations

Page Four

as represented in my Birth Certificate, medical School Certificate, Permanent Medical Council Certificate and my first Leaving School certificate.

The name is actually a Compound Last name IGBERASE-CHARLES.

I have decided for future records to use the name as it appears on my Birth Certificate and passport (Nigerian passport)

i.e. IGBERASE OLUWAFEMI CHARLES  
I always thought that so long as all the names were represented, there was no problems.

Having said all these, I must say how deeply sorry and remorseful I am for allowing myself to be involved in such a despicable act of shame.

I took this step out of pain and anguish and as a desperate move to helping my family — I am the breadwinner of both my immediate and extended family, my parents are very aged and my children are very very young.

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I therefore plead fervently with  
the Committee members who are  
going to review my case to ~~be~~  
temper justice with mercy  
God bless you all.

Sincerely

Igberase Oluwafemi Charles  
0-519-573-0

RECEIVED  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE

JAN 17 2022

NEW YORK



*Mammi*  
Executive Officer  
IFE CENTRAL LOCAL  
GOVERNMENT, ILE-IFE  
13th Sept. 1993



A 01948

OSUN STATE OF NIGERIA.

# **CERTIFICATE OF REGISTRATION OF BIRTH**

I, *Mrs. Grace Fatunase* Registrar

of Births in *Ife Central* Local Government

in *Ile-Ife* Division of Osun State

of Nigeria do hereby certify that I have this *14th* day

of *September* 19 *93* registered, in folio

number *018* of Birth Register

The birth of *Iyberase Oluwalan Charles*

Male / ~~Female~~, born at *Ile-Ife*

on *17th* day of *April* 19 *62*

the child of *Mr. Iyberase David*

(Father's Name)

and *Mrs. Iyberase Foye ne* both

(Mother's Name)

*14/9* 19 *93*

*C. Fatunase*  
Signature of Registrar





EDUCATIONAL COMMISSION for FOREIGN MEDICAL GRADUATES

3624 MARKET STREET, PHILADELPHIA, PENNSYLVANIA 19104-2685, U.S.A.

TELEPHONE: 215-386-5900 • CABLE: EDCOUNCIL, PHA.

Via Certified Mail  
Return Receipt Requested

December 7, 1995

COPY

Dr. Igberase Oluwafemi Charles  
P.O. Box 1653  
Hyattsville, MD 20788

USMLE/ECFMG Identification No.  
0-482-700-2

Dear Doctor:

On November 27, 1995 the ECFMG Committee on Medical Education Credentials met to review the matter with respect to your falsification of an application form submitted to ECFMG. The Committee reviewed the documentation available, including your July 14, 1995 letter.

Following review the Committee took the following actions:

1. To invalidate the Standard ECFMG Certificate issued to you under the second identification number 0-519-573-0;
2. To inform the United States Medical Licensing Examination (USMLE) Committee on Irregular Behavior of this matter for its information and possible action; and
3. To revoke the Standard ECFMG Certificate issued to you under the first identification number 0-482-700-2.

Please return the two Standard ECFMG Certificates to my attention immediately. I suggest you send them by certified mail.

Enclosed is a copy of the ECFMG Rules of Appellate Procedure.

Sincerely yours,

William C. Kelly  
Manager, Medical Education  
Credential Processing

/wck  
Enclosure